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DATE: July 24, 2006

NO. OF PAGES (INCLUDING THIS PAGE): 5

FOR: Examiner Alison K. Pickard

COMPANY: USPTO - Art Unit 3673

FAX NO.: 571-273-7062

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FROM: Ryan W. Massey/Dolores C. Reyes

Please let us know by phone or fax if you do not receive any of these pages.

COMMENTS:

SERIAL NO. 10/649430 - FILED 8/27/03

Title: LIGHT COLORED CYLINDER HEAD GASKET AND METHOD OF PRODUCING

Atty. Ref. 01-0045/COA (8470-000117/COA)

Dear Examiner Pickard:

Pursuant to your request, attached is the Terminal Disclaimer for the above-identified matter. Please let us know if you have any questions, or need anything else.

Sincerely -Dolores Reyes (on behalf of Ryan W. Massey)
248-341-1170

Attachments:

Transmittal Form with attached Certificate of Transmission

Fee Transmittal (in duplicate) with \$130 via deposit account authorization

Terminal Disclaimer

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PTO/SB/21 (04-04)

Approved for use through 07/31/2008, OMB 0851-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/649430
		Filing Date	August 27, 2003
		First Named Inventor	Novil et al
		Art Unit	3673
		Examiner Name	Alison K. Pickard
Total Number of Pages in This Submission	4	Attorney Docket Number	01-0045/COA (8470-000117/COA)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Freudenberg-NOK General Partnership	Attorney Name Ronald W. Wangerow Ryan W. Massey	Reg. No. 29,597 38,543
Signature	<i>Ryan W. Massey</i>		
Date	July 24, 2006		

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: c/o Examiner Allison K. Pickard, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below to 571-273-7062.			
Typed or printed name	Ryan W. Massey	Express Mail Label No.	n/a
Signature	<i>Ryan W. Massey</i>	Date	July 24, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.54. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2006		Complete if Known	
		Application Number	10/649430
		Filing Date	August 27, 2003
		First Named Inventor	Novil et al
		Examiner Name	Alison K. Pickard
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3673
TOTAL AMOUNT OF PAYMENT (\$) .130		Attorney Docket No.	01-0045/COA (8470-000117/COA)

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____
- ☒ Deposit Account Deposit Account Number: 08-0750 Deposit Account Name: Harness, Dickey & Pierce, PLC
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
- Under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)**Small Entity Fee (\$)**

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

360

180

Multiple Dependent Claim

_____ -20 or HP= 0 x _____ = 0

Fee (\$)**Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 or HP= 0 x _____ = 0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	= 0	/ 50 = 0 (round up to a whole number) x	_____	= 0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Statutory Disclaimer**Fees Paid (\$)**130.00**SUBMITTED BY**

Signature	<u>Ryan W. Massey</u>	Registration No. (Attorney/Agent)	38,543	Telephone	248-641-1800
Name (Print/Type)	Ryan W. Massey	Date	July 24, 2006		

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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